

## SECRETARY OF STATE

Division of Charitable Solicitations and Gaming Charitable Gaming Section 312 Eighth Avenue North 8th Floor, William R. Snodgrass Tower Nashville, TN 37243-0308 (615) 741-2555

## AFFIDAVIT IN LIEU OF MINUTES APPROVING ANNUAL EVENT

Please print clearly. This form must be signed by ALL members of the board of directors OR

ALL members of the Executive Committee before a Notary Public

and filed with an annual event application

|  | ALL IIIC                      |                          | nual event application    | stary 1 done         |               |
|--|-------------------------------|--------------------------|---------------------------|----------------------|---------------|
| 1.   | We, the undersigned, are      | ing organization:        |                           |                      |               |
|  | Name of Organization          |                          |                           |                      |               |
|  | Physical Address              |                          |                           |                      |               |
| 2.   | The Board of Directors        | Executive Committee      | e (select one) m          | et on                | (date)        |
|  | and voted to operate an a     | nnual event; however,    | minutes from that me      | eeting are unavailab | le.           |
| 3.   | Number present:               | ; Number voting          | "Yes":;                   | "No":                |               |
| We certify the                                     | nat on the above date a majo  | ority voted to operate a | n annual event, if autl   | horized by the Gener | al Assembly:  |
| Director's Signature and Physical Address:         |                               |                          | <u>Director's Signatu</u> | re and Physical Add  | <u>ress</u> : |
| (Signature)  |                               |                          | (Signature)               |                      |               |
| (Name)   |                               | (Title)                  | (Name)                    |                      | (Title)       |
| (Street)   | (County)                      |                          | (Street)                  | (County)             |               |
|  | (State)                       |                          |                           | (State)              |               |
| <u>Director's Signature and Physical Address</u> : |                               |                          |                           | re and Physical Add  |               |
| (Signature)  |                               |                          | (Signature)               |                      |               |
| (Name)   |                               | (Title)                  |                           |                      | (Title)       |
| (Street)   | (County)                      | (7:)                     | (Street)                  | (County)             | ( <b>7</b> :) |
| (City)   | (State)                       | (ZIP)                    | (City)                    | (State)              | (ZIP)         |
| Director's Signature and Physical Address:         |                               |                          | <del>-</del>              | re and Physical Add  |               |
| (Signature)  |                               |                          | (Signature)               |                      | (Title)       |
| (Name)   |                               | (Title)                  | (Name)                    |                      | (Title)       |
| (Street)   | (County)                      | ( <b>7</b> :)            | (Street)                  | (County)             | / <b>7</b> :\ |
|  | (State)                       |                          |                           | (State)              |               |
| Director's Signature and Physical Address:         |                               |                          |                           | re and Physical Add  |               |
| (Signature)  |                               | /T:41 - \                | (Signature)               |                      | /T:41 - \     |
| (Name)   | (Country)                     | (Title)                  | (Name)                    | (Cotr.)              | (Title)       |
| (Street)   | (County)<br>(State)           | (7in)                    | (Street)                  | (County)<br>(State)  | (Zip)         |
| (Oity)   | (Glate)                       | (∠۱۲)                    | (Oity)                    | (Olalo)              | (21P)         |
|  |                               | NO                       | TARY                      |                      |               |
| State of Tenne                                     | essee )                       | <u></u>                  | <u> </u>                  |                      |               |
| County of  | )                             |                          |                           |                      |               |
| Sworn to bef                                       | ore me on (or signed on) this | day of                   | , 20                      |                      |               |
| Date   |                               | Sia                      | nature of Notary          |                      |               |
|  |                               | _                        | •                         |                      |               |
| My Commiss   | sion expires:                 | Priı                     | nt Name Clearly           |                      |               |

**RDA Pending** 

ss-6062